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September 13, 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of Michela Seveso, Daniel J. O'Mahony
and David T. Page
Application No. 09/743,173
Filed: January 14, 2002

Examiner: Jon E. Angell
Group Art Unit: 1635
Confirmation No. 5272

Enhanced Delivery Nucleic Acid-Based Drugs

(Attorney Docket No. P24376-A USA)

CERTIFICATE FACSIMILE TRANSMISSION

I hereby certify that this document is being facsimile transmitted to Mail Stop Petition, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 (Fax No. 571-273-8300) on Thursday, September 13, 2007.


Barbara G. Makarion

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

09/14/2007 PCHORP 00000003 09743173
01 FC:1253 1020.00 OP

**PETITION FOR EXTENSION OF
TIME PURSUANT TO 37 C.F.R. § 1.136(a)**

Sir:

Applicants hereby petition for a three (3) month extension of time, pursuant to 37 C.F.R. § 1.136(a), to respond to the final Office Action, dated December 27, 2006, from March 27, 2007 to June 27, 2007. A Petition for Revival of Application for Patent Abandoned Unintentionally under 37 CFR 1.137(b) and a Request for Continued Examination are being filed concurrently with this petition.

Adjustment date: 07/08/2008 CKHLOK
01 FC:1253 00000003 09743173
-1020.00 OP

In re: Application of M. Seveso, et al.
Application No. 09/743,173

Atty. Docket No. P24376-A USA
September 13, 2007
Page 2

USPTO Form PTO-2038 Credit Card Payment is attached to cover the fees.

The Commissioner is hereby authorized to charge any deficiency in fees associated with this communication or credit any overpayment to Deposit Account No. 19-5425. This communication is submitted in duplicate for charging purposes.

Respectfully submitted,




Jonathan M. Dermott, Ph.D.
Reg. No. 48,608

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Philadelphia, PA 19107-2950
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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 07/05/08		2 Serial/Patent # 09/743,173									
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<input type="checkbox"/>	Filing			\$							
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<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>			1	9	--	5	4	2	5
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
No extension of time needed, no fee due.											
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